

STATE OF NEVADA
NPD-19 POSITION QUESTIONNAIRE

(NOTE: To be completed for new positions and reclassification requests)

This form is to be submitted for CLASSIFIED positions only. Do not submit for unclassified positions, those on contract or members of boards or commissions.

The classification process should be utilized when a new job is established or when an existing job experiences significant change in duties and responsibilities which alters the basic mission or purpose of the position to the degree that it no longer meets the class concept to which it is assigned.

The purpose of the classification process is to ensure that jobs which are assigned like duties and responsibilities are placed in the same class.

The process for reviewing a position involves the analysis of job factors that are required of the individual in order to perform in a particular position. The factors utilized in reviewing positions are: the complexity and diversity of work; amount, level and nature of knowledges, skills and abilities; major guidelines and amount of creativity or originality demanded of the individual; the degree of supervision and control placed upon the incumbent; the degree of supervision exercised by the incumbent over other positions; and the opportunity to make independent choices, determinations and judgments and the resultant impact or consequence of decision making.

As a standard rule, the classification methodology is an examination of the above criteria. Personal ability, performance, dedication, workload and volume are performance based characteristics and are **not** valid factors to be considered in the objective analysis utilized in classification.

Appointing Authority Instructions:

Please complete items I and 2 on page 2 and sign in the appropriate area on the cover sheet. The information provided in items I and 2 should cover the following matters: significant changes in duties and responsibilities which have been made in the position since it was established or last reviewed by State Personnel; an indication of why those changes were made in the position; and an explanation regarding the impact these additional duties and responsibilities may have on **other** positions in the organization in terms of removing duties and responsibilities from those positions.

Per NAC 284.126, an employee may submit a classification request that does not have agency support or approval. In these cases, the employee should complete items I and 2 on page 2.

If an agency that is required to use the equipment or services of the Department of Information Services proposes the establishment of a new position or the reclassification of an existing position to a class in the Electronic Data Processing field, as identified in the Classification and Compensation Plan, the request must first be submitted to the Director of the Department of Information Services for approval. Agencies exempt from this requirement are provided for in NRS 242.131(2).

Employee Instructions:

This form will be used as a guide for you to use in describing your present position, its duties, responsibilities and the knowledge, skills and abilities necessary to perform the duties associated with your position. The information you provide will be used to determine where the position aligns within the existing classification system. Clear and concise information must be obtained for each duty listed. Organize your duties so similar job functions are grouped together. The duties should be listed in logical sequence, that is, most complex to least complex or most time consuming to least time consuming. Detailed and exact information must be provided on each position. This information is critical in making a proper classification decision.

Please sign in the appropriate area on the cover sheet and answer questions 3 through 14 as they relate to your position. If space is not sufficient, you may add additional pages. If a reclassification request is being submitted without agency approval, refer also to "Appointing Authority Instructions" above.

An interview may be scheduled with the employee and/or supervisor if clarification of any information is required. If the reclassification is denied without an interview, the employee may request and receive an interview.

Appeals:

Classification decisions may be appealed within 20 working days after notification of the action is received (see NAC 284.152).

STATE OF NEVADA - POSITION QUESTIONNAIRE

- ☐ New Position
☐ Existing Position

AGENCY ID NO. DEPARTMENT DIVISION
POSITION CONTROL NO. AGENCY ORG.# FUND#
EMPLOYEE NAME
CURRENT CLASS TITLE CLASS CODE GRADE
(If existing position)
REQUESTED CLASS TITLE CLASS CODE GRADE
GEOGRAPHIC LOCATION OF POSITION EMPLOYEE PHONE NO

APPOINTING AUTHORITY/EMPLOYEE CERTIFICATION

CERTIFICATION: I certify that I have read the information on page 1, and the statements provided in this NPD-19 are correct and complete.
Changed responsibilities were/will be effected on _____

.....
Signature of Appointing Authority or Designated Representative

.....
Date

.....
Signature of Employee

.....
Date

FOR COMPLETION BY BUDGET DIVISION ONLY (Required for new positions and when NAC 284.126, subsection 3 applies.)

- ☐ Approved Effective Date (If change is approved by State Personnel).....
☐ Disapproved

.....
Signature

.....
Date

FOR COMPLETION BY DEPARTMENT OF INFORMATION TECHNOLOGY (Required when NRS 284.172 applies)

- ☐ Approved ☐ Disapproved

.....
Signature

.....
Date

FOR COMPLETION BY STATE PERSONNEL AND BUDGET DIVISION

Agency ID.....

Position..... Effective Date.....Expire Date.....Type.....

Action.....

Part-time (Percent).....

Class Code..... Title.....Grade.....

Class Option.....

Division Code..... IFC/Legislative Approval Required? ☐ No ☐ Yes
Date Received

INSTRUCTIONS TO APPOINTING AUTHORITY

- ☐ Use the NPD-3 procedure.
☐ Submit Personnel Action form and refer to NAC 284....., subsection.....
Incumbent meets MQ's: ☐ Yes ☐ No
☐ Other.....

Study No.....

Analyst.....Date.....

Approved.....Date.....

1. What is prompting this request? If this is an existing position, state the significant changes in duties and responsibilities which have been made in the position since it was established or last reviewed by State Personnel. If this is a new position, have there been additional responsibilities placed on the organization? If yes, please explain. Attach documentation relative to legislation, board/commission proceedings, new organizational goals, etc., if applicable.

2. What position(s), if any, previously performed these new or additional duties? List class title and position control number of position(s). (A separate NPD-19 may be required for these positions.)

3. Briefly describe the major purpose of this job.

4. Attach a copy of the agency organizational chart to this form. Please circle this position.

5. List the duties performed in this job. Assign a number to each duty and estimate the percentage of time spent on each duty (percentages should add to 100%). If it is not possible to estimate the percentage of time spent in each area daily, estimate the time on a weekly, monthly or annual basis. If this is an existing position, please put an asterisk next to each duty that is new.

DUTY NO.	DUTY	FREQUENCY
1		%
2		%
3		%
4		%

6. What duties are performed that require the incumbent to make choices, determinations or judgments? Please give examples.

- 7a. List the class titles and position control numbers of all employees that work under the supervision of this position.

- 7b. Describe the extent of supervisory responsibility exercised over these employees. (Check appropriate boxes.)

☐ Final selection ☐ Work assignment ☐ Performance appraisal ☐ Discipline
☐ Training ☐ Work review ☐ Other (Specify)_____

8. List any licenses, certificates, degrees, or credentials that are required by law for this job.
9. List equipment which is used that requires specialized training.
- 10a. List the name, title and position control number of the position's supervisor.
- 10b. Describe the type and extent of supervision received.
11. What statutes, laws, rules, procedures or guidelines are used in performing assignments?
12. What people are contacted in carrying out the duties of this position? Explain the purpose of each contact.
13. Describe any unusual physical demands or working conditions required in this job, i.e., requires frequent lifting or moving of office furniture, frequent exposure to hazardous materials, etc.
14. Provide any additional information about the job which you consider to be important to the classification, but which have not been previously mentioned.